FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
'1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F28772 (4)

1. Corporation Name
AMERICAN REALTY OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
1270 N EGLIN PARKWAY SHALIMAR FL 32579	1270 N EGLIN PARKWAY SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1981

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 59-2087359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRAZIER, GLORIA K
1270 N EGLIN PARKWAY
BOX 875
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRAZIER, GLORIA K 11 GRANDVIEW DR SHALIMAR FL 32579	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V INNESS, BEVERLY D 9 DORAL DRIVE SHALIMAR FL 32579	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DAVIDSON, DAWN C P.O. BOX 726 N/A SHALIMAR FL 32579	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BUCHANAN, DOROTHY H P.O. BOX 875 N/A SHALIMAR FL 32879	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See attached list for complete list of Officers	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/6/98 850-651-2457

Form 400.3 (04/96)

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF REAL ESTATE
400 W. Robinson St., P.O. Box 1900,
Orlando, FL 32802-1900
(407) 245-0825

MAKE CHECKS PAYABLE TO:
DIVISION OF REAL ESTATE
DO NOT SEND CASH

REQUEST FOR RENEWAL OR CHANGE OF CORPORATION OR PARTNERSHIP

COMPLETE FORM IN BLACK INK

Name of ~~Partnership~~ Corporation (strike word not applicable): American Realty of Northwest Florida, Inc.

Trade Name: _____

Florida Business Address / Give address of main office: 1270 North Eglin Parkway (Street Number) Shalimar (City) Florida (State) 32579 (Zip)

5	9	–	2	0	8	7	3	5	9

Federal Employer #

8	5	0	–	6	5	1	–	2	4	5	4

Business Telephone Number

You must furnish the names and residence addresses of ALL of the officers and directors of the corporation, or ALL members of the partnership.
A licensed real estate salesperson, active or in-active, cannot be an officer or director of a real estate broker corporation or a member of a partnership.
Multiple Brokers licenses: brokers licensed with more than one real estate brokerage company should inform the respective companies of this fact.

Name	Office Held	Active or in-active
1. Gloria K. Frazier Residence Address 11 Grandview Drive Shalimar, FL 32579	President	Active
2. Barbara A. Morris Residence Address 251 Country Club Road Shalimar, FL 32579	Vice-President	Active
3. Patricia A. Williams Residence Address 245 Eldridge Road Fort Walton Beach, FL 32547	Vice-President	Active
4. Dorothy H. Buchanan Residence Address P.O. Box 875 Shalimar, FL 32579	Vice-President	Active
5. Kathleen S. Wilhelm Residence Address 206 Southview Drive Crestview, FL 32539	Vice-President	Active

I further certify that none of the persons listed have been convicted for the violation of any law of the State, the United States, or any other State; that none of the persons listed have had any license, registration or other authority to do business denied, suspended, or revoked by any board, commission, agency or association, and that the Corporation or Partnership and each of the persons listed is entitled to receive a registration certification according to the status shown above, under the provisions of Chapter 475, F.S., and the rules of the Florida Real Estate Commission.

Witness my authorized signature this _____ day of _____, 19____

Signature _____
of active broker, officer, director or firm member.

0220327
Corporation or Partnership license number

(title) Broker

RENEWAL INFORMATION

** NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. **

This renewal form is used to request registration for a Corporation or Partnership. Active officers, directors or firm members who have a regular license status must renew on separate forms.

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Trade Name: _____

Florida Business Address / Give address of main office: 1270 North Eglin Parkway (Street Number) Shalimar (City) Florida (State) 32579 (Zip)

Federal Employer #: 59-2087359

Business Telephone Number: 850-651-2454

You must furnish the names and residence addresses of ALL of the officers and directors of the corporation, or ALL members of the partnership.
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Multiple Brokers licenses: brokers licensed with more than one real estate brokerage company should inform the respective companies of this fact.

Name	Office Held	Active or in-active
1. Sharon K. Parker Residence Address 315 Yacht Club Drive Fort Walton Beach, FL 32548	Vice-President	Active
2. Walter A. Parker Residence Address 315 Yacht Club Drive Fort Walton Beach, FL 32548	Vice-President	Active
3. Beverly D. Inness Residence Address 9 Doral Drive Shalimar, FL 32579	Vice-President	Active
4. Roy G. Inness, Jr. Residence Address 9 Doral Drive Shalimar, FL 32579	Vice-President	Active
5. Michael S. McKee Residence Address 20 Sherwood Drive Shalimar, FL 32579	Vice-President	Active

I further certify that none of the persons listed have been convicted for the violation of any law of the State, the United States, or any other State; that none of the persons listed have had any license, registration or other authority to do business denied, suspended, or revoked by any board, commission, agency or association, and that the Corporation or Partnership and each of the persons listed is entitled to receive a registration certification according to the status shown above, under the provisions of Chapter 475, F.S., and the rules of the Florida Real Estate Commission.

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Name	Office Held	Active or in-active
1. Dawn Davidson Residence Address 958 Shalimar Pointe Drive Shalimar, FL 32579	Vice-President	Active
2. Arthur P. Karcher Residence Address 3769 Misty Way Destin, FL 32541	Vice-President	Active
3. Linda. S. Randes Residence Address 1185 Witshire Court Fort Walton Beach, FL 32547	Vice-President	Active
4. James F. Wilhelm Residence Address 206 Southview Drive Crestview, FL 32539	Vice-President	Active
5. Catherine P. Stauskas Residence Address 418 Northampton Circle Fort Walton Beach, FL 32548	Vice-President	Active

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2. Lucinda J. Frakes Residence Address 588 Fairway Court Fort Walton Beach, FL 32547	Vice-President	Active
3. Naomi D. Crawford Residence Address 634 Brookhaven Way Niceville, FL 32578	Vice-President	Active
4. Daniel A. Cooper Residence Address 256 Ewing Court NW Fort Walton Beach, FL 32548	Vice-President	Active
5. _____ Residence Address _____		

I further certify that none of the persons listed have been convicted for the violation of any law of the State, the United States, or any other State; that none of the persons listed have had any license, registration or other authority to do business denied, suspended, or revoked by any board, commission, agency or association, and that the Corporation or Partnership and each of the persons listed is entitled to receive a registration certification according to the status shown above, under the provisions of Chapter 475, F.S., and the rules of the Florida Real Estate Commission.

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